

# Registered pharmacy inspection report

**Pharmacy Name:** Hollowood Chemists Limited, Kingsbridge House,  
Kingsbridge Avenue, CLAYTON, Staffordshire, ST5 3HP

**Pharmacy reference:** 1090244

**Type of pharmacy:** Community

**Date of inspection:** 17/04/2024

## Pharmacy context

This busy community pharmacy is located next to a medical centre in a residential area. Most people who use the pharmacy are from the local area and a home delivery service is available. The pharmacy dispenses NHS prescriptions, and it sells a range of over-the-counter medicines. And it provides flu and covid vaccination services and some other NHS funded services including the Pharmacy First Service. It supplies a number of medicines in multi-compartment compliance packs to help people take their medicines at the right time. These are assembled at a different pharmacy in the company.

## Overall inspection outcome

✓ Standards met

**Required Action:** None

Follow this link to [find out what the inspections possible outcomes mean](#)

## Summary of notable practice for each principle

| Principle  | Principle finding | Exception standard reference | Notable practice | Why   |
|--|-------------------|------------------------------|------------------|---|
| <b>1. Governance</b>                               | Standards met     | N/A                          | N/A              | N/A   |
| <b>2. Staff</b>                                    | Good practice     | 2.2                          | Good practice    | The team members have the appropriate skills, qualifications and competence for their roles and the pharmacy proactively supports them to address their ongoing learning and development needs. |
|  |                   | 2.4                          | Good practice    | The pharmacy team works well together. Team members communicate effectively, and are fully involved in improving the delivery of services.  |
| <b>3. Premises</b>                                 | Standards met     | N/A                          | N/A              | N/A   |
| <b>4. Services, including medicines management</b> | Standards met     | N/A                          | N/A              | N/A   |
| <b>5. Equipment and facilities</b>                 | Standards met     | N/A                          | N/A              | N/A   |

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy adequately manages risks, and it takes steps to improve patient safety. Members of the pharmacy team work to professional standards and are clear about their roles and responsibilities. They complete all the records that they need to by law, keep people's private information safe and help to protect the welfare of vulnerable people.

### Inspector's evidence

The pharmacy had up-to-date standard operating procedures (SOPs) for the services it provided, with signatures showing that members of the pharmacy team had read and accepted them. Roles and responsibilities were set out in SOPs and the pharmacy team members were performing duties which were in line with their roles. An apprentice dispenser, who was relatively new to the pharmacy team, had a clear understanding of his role and said the pharmacy manager had explained this to him when he started working at the pharmacy. Team members wore uniforms, but nothing to indicate their roles, so this might not be clear to people visiting the pharmacy. The name of the responsible pharmacist (RP) was displayed as required by the RP regulations.

The pharmacy team recorded dispensing incidents and near miss errors electronically. Dispensing errors were reported to head office and recorded on the National Reporting and Learning System (NRLS). The pharmacy manager and accuracy checking technician (ACT) discussed near misses with the pharmacy team at the time and shared any learning with them. For example, following near misses between the look-alike and sound-alike drugs (LASAs) esomeprazole and escitalopram the team moved them into separate dispensary drawers and placed alert labels next to the medicines so extra care would be taken when selecting these. Any errors identified in compliance packs were corrected by a member of the pharmacy team and were reported to the pharmacy which had assembled them. Clear plastic bags were used for assembled CDs and insulin to allow an additional check at hand out.

The medicines counter assistant (MCA) described how she would deal with a customer complaint which was to attempt to resolve the situation, involving the pharmacist or pharmacy manager if required. The complaint's policy was on the company's website ([www.hollywoodchemists.com](http://www.hollywoodchemists.com)) along with the contact details for the pharmacy and head office. These details were also on a notice on display in the pharmacy as well as on a leaflet which could be given to people when concerns couldn't be resolved locally.

Professional indemnity insurance arrangements were in place. A current certificate of professional indemnity insurance was on display in the pharmacy. Private prescription, the RP record, and the controlled drug (CD) registers were electronically maintained and appeared to be in order. Records of CD running balances were kept and these were regularly audited. Two CD balances were checked and found to be correct. Patient returned CDs were recorded and disposed of appropriately.

The apprentice dispenser knew what it meant to maintain patient confidentiality. He said this had been covered in the first module of training he had completed. He correctly described the difference between confidential and general waste and explained confidential waste was collected in a designated

place and then shredded. Assembled prescriptions and paperwork containing patient confidential information were stored appropriately so that people's details could not be seen by members of the public. The pharmacy sent people's prescription details to a different pharmacy in the company (hub) when their medicines were to be supplied in compliance packs. A letter had been sent to these people explaining this process, but it wasn't clear if the pharmacy had received explicit consent from them, which was a potential breach of their confidentiality. A privacy policy and a cookie policy were available on the company's website.

The pharmacy manager had completed level three training on safeguarding. The pharmacy technicians (PTs) and ACT had completed level two. The apprentice dispenser said he would voice any concerns regarding children and vulnerable adults to the pharmacy manager. He was aware of the 'ask for ANI' initiative and confirmed that he would offer the consultation room to anyone requiring support for domestic abuse. There was a notice on display advertising that the pharmacy provided a safe space and the pharmacy team had received training on this. The pharmacy had a chaperone policy, and this was highlighted to people.

## Principle 2 - Staffing ✓ Good practice

### Summary findings

The pharmacy's team members are well trained, and they work effectively together in a busy environment. The pharmacy encourages them to keep their skills up to date and supports their development. They are comfortable providing feedback to their manager and they receive feedback about their own performance. The pharmacy has enough team members to manage its workload safely. It enables the team members to act on their own initiative and use their professional judgement to benefit people who use the pharmacy's services.

### Inspector's evidence

The pharmacy manager was working as the RP. There was an ACT, two PTs, an apprentice dispenser, an MCA, and a pharmacy student on duty at the time of the inspection. The staffing level was adequate for the volume of work during the inspection and the team members were observed working collaboratively with each other and the people who visited the pharmacy. Planned absences were well organised to ensure adequate staffing levels. There were two NVQ2 qualified dispensers (or equivalent), another apprentice dispenser and two delivery drivers on the pharmacy team, who were not present. Some members of the pharmacy team worked part time, so could work extra hours if necessary. The pharmacy manager worked Monday to Friday each week, and there was a regular pharmacist who worked on Saturdays, which gave consistency to the team.

Most members of the pharmacy team were qualified and experienced. Some had worked at the pharmacy for many years. Members of the team were seen coaching and supporting their less experienced colleagues including a pharmacy student who was at the pharmacy on a three-week placement as part of her undergraduate course. Members of the pharmacy team carrying out the services had completed appropriate training. There was a head of training in the company who helped to provide a structured approach to training. Certificates for the training completed were available in a folder, and a wide range had been completed, on subjects such as weight loss and obesity, the NHS Pharmacy First service and waste handling. Pharmacy team members were given protected training time when there was some training to be completed. The pharmacy manager had completed a post graduate clinical training course. She confirmed she had completed the required training for the NHS Pharmacy First service and had signed a declaration of competence. The team members were given appraisals where performance and development were formally discussed and they also received feedback informally from the pharmacy manager.

The pharmacy manager and the ACT attended weekly video call meetings with colleagues from head office and other managers and supervisors in the company. A variety of issues were discussed, including performance against targets and upcoming training requirements. Information was also shared with managers by an electronic messenger system. The pharmacy manager cascaded information verbally to the rest of the pharmacy team, and if she felt it was particularly important, she would provide it in writing and obtain signatures from all team members. One of the PTs said she felt there was an open and honest culture in the pharmacy. She didn't know if there was a whistleblowing policy but said she would feel comfortable talking to the pharmacy manager about any concerns she might have. The details of the head office team and other pharmacies in the company were on display. The PT confirmed that the staff could make suggestions or criticisms informally, and it had been her idea to

make some bunting to promote the NHS Pharmacy First service, and also to laminate the criteria for each condition treatable under the service, to save time and reduce the use of paper.

The pharmacy manager was empowered to exercise her professional judgement and could comply with her own professional and legal obligations. For example, refusing to sell a pharmacy medicine containing codeine if she felt it was inappropriate. She said targets were set for services such as the NHS Pharmacy First service and there was a lot of pressure on her to achieve these targets, but she wouldn't allow targets to compromise patient safety.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy provides a suitable environment for people to receive healthcare services. It has a consultation room so people can receive services in private and have confidential conversations with members of the pharmacy team. The company's website has useful information about the pharmacy and its services.

### Inspector's evidence

The pharmacy premises, including the shop front and fascia, were clean and in a good state of repair. The retail area was free from obstructions, professional in appearance and had a waiting area with three chairs. The temperature and lighting were adequately controlled. The pharmacy was fitted out to a high standard, and the fixtures and fittings were in good order. Staff facilities included a small kitchen area and a WC with a wash basin and hand wash. There was a separate dispensary sink for medicines preparation with hot and cold running water. The consultation room was equipped with a sink, and was uncluttered, clean and professional in appearance. The availability of the room was highlighted by a sign on the door. This room was used when carrying out services such as vaccinations and when customers needed a private area to talk. The company had a website where useful information about the pharmacy and its services could be found.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy offers a wide range of healthcare services which are generally well managed and easy for people to access. The compliance packs service is generally well managed, but the pharmacy could do more to make sure people receive all the information they need to take their medicines safely. The pharmacy team members are helpful and give healthcare advice and support to people. The pharmacy gets its medicines from licensed suppliers, and it carries out some checks to ensure medicines are in good condition and suitable to supply.

### Inspector's evidence

The pharmacy, consultation room and pharmacy counter were accessible to everyone, including people with mobility difficulties and wheelchair users. Services provided by the pharmacy were advertised in the retail area, along with the opening hours, and this information was available on the company's website. The pharmacy offered a wide variety of services. A covid vaccination service was about to recommence. This would be carried out two days each week by a dedicated additional pharmacist, so it didn't impact on the rest of the pharmacy's services. The pharmacy provided the NHS Pharmacy First service and the pharmacy manager had carried out some training with the receptionists at the medical centre next door to increase their understanding of the service. There was a range of healthcare leaflets and posters advertising local services and support available elsewhere. Useful information was on display about weight loss, vaccinations, and childhood illnesses.

There was a home delivery service with a robust audit trail. Each delivery was electronically recorded with the time and the date of the delivery, and a signature was obtained from the recipient. A note was left if nobody was available to receive the delivery and the medicine was returned to the pharmacy.

Space was quite limited in the dispensary, but the workflow was organised into separate areas with a designated checking area. The dispensary shelves and drawers were reasonably well organised, neat and tidy. Dispensed by and checked by boxes were initialled on the medication labels to provide an audit trail. Clinical checks by the pharmacist were carried out before the ACT accuracy checked the prescription. The completion of the clinical check was not usually recorded, so there was a risk that a prescription might be supplied without a clinical check. The pharmacy manager explained that a facility to record the clinical check on the patient medication record (PMR) was going to be introduced, but until this had been introduced, she would initial the prescriptions which she had clinically checked. Different coloured baskets were used to improve the organisation in the dispensary and prevent prescriptions becoming mixed up. Trainee dispensers used blue baskets, so that the pharmacist or ACT knew to carry out a particularly thorough check. The baskets were stacked to make more bench space available.

Stickers were put on assembled prescription bags to indicate when a fridge line or CD was prescribed. 'Pharmacist' stickers were used to highlight when counselling was required, and 'high-risk' stickers were used for medicines containing valproate. The team were aware of the requirements for a Pregnancy Prevention Programme to be in place and that people who were prescribed medicines containing valproate should have annual reviews with a specialist. The pharmacy manager said that the pharmacy did not currently have any patients in the at-risk group. She was aware of the requirements for original



pack dispensing and said valproate information pack and care cards were available to ensure people were given the appropriate information and counselling.

Multi-compartment compliance packs were clinically checked by the pharmacist before the details were sent to the hub for assembly. The packs were accuracy checked at the hub and a second visual accuracy check was completed when the packs were returned to the pharmacy either by the ACT or the pharmacist. Written procedures outlining the process for the hub and spoke arrangement and the responsibilities and accountabilities could not be located at the pharmacy. The pharmacy manager confirmed that she would request this from head office, to refer to in case of a query or an incident. Medicine descriptions were added to the packaging to enable identification of the individual medicines. Packaging leaflets were not usually included so people did not have easy access to all of the information they might need. The compliance packs contained a QR code which could take people to a website where they could find the relevant information leaflets themselves. There was a message explaining this on the packs and stating that people could ask a member of staff for the leaflets if they preferred, but the font was so small that it was almost impossible to read. An assessment was made by the pharmacist as to the appropriateness of a pack or if other adjustments might be more appropriate to their needs prior to commencing this service.

The MCA explained what questions she asked when making a medicine sale and she knew when to refer the person to a pharmacist. She was clear what action to take if she suspected a customer might be misusing medicines such as a codeine containing product.

CDs were stored in two CD cabinets which were securely fixed to the floor. The keys were under the control of the RP during the day and stored securely overnight. There was a large amount of patient returned CDs and date expired CD stock. It was clearly labelled and stored in a separate CD cabinet to current stock. Patient returned CDs were destroyed using denaturing kits. Pharmacy medicines were stored behind the medicine counter so that sales could be controlled.

Recognised licensed wholesalers were used to obtain stock medicines and appropriate records were maintained for medicines ordered from 'Specials.' Medicines were stored in their original containers at an appropriate temperature. Date checking was carried out and documented. Expired and unwanted medicines were segregated and placed in designated bins.

Alerts and recalls were received via email messages. These were read and acted on by a member of the pharmacy team. The action taken was not always recorded. So, team members might not easily be able to respond to queries and provide assurance that the appropriate action had been taken. The pharmacy manager agreed to introduce a system for this.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

Members of the pharmacy team have access to the equipment and facilities they need for the services they provide. They maintain the equipment so that it is safe to use.

### Inspector's evidence

The pharmacist could access the internet for the most up-to-date reference sources. For example, the electronic British National Formulary (BNF) and BNF for children. There was a large clean medical fridge for storing medicines. The minimum and maximum temperatures were being recorded regularly and had been within range throughout the month. All electrical equipment appeared to be in good working order and had been PAT tested.

An Otoscope was available for use in the Pharmacy First service. A sharps bin and other equipment required for the flu vaccination service was available in the consultation room. There was suitable blood pressure testing equipment and weight scales which had both been calibrated within the year. There was a selection of clean glass liquid measures with British standard and crown marks. Separate measures were marked and used for methadone solution. Automated methadone measuring equipment was also available which was cleaned and calibrated regularly. The pharmacy had a range of clean equipment for counting loose tablets and capsules, with a separately marked tablet triangle that was used for cytotoxic drugs. Medicine containers were appropriately capped to prevent contamination.

Computer screens were positioned so that they weren't visible from the public areas of the pharmacy. Patient medication records (PMRs) were password protected. Cordless phones were available in the pharmacy, so staff could move to a private area if the phone call warranted privacy.

## What do the summary findings for each principle mean?

| Finding                      | Meaning  |
|------------------------------|--|
| ✓ <b>Excellent practice</b>  | The pharmacy demonstrates innovation in the way it delivers pharmacy services which benefit the health needs of the local community, as well as performing well against the standards. |
| ✓ <b>Good practice</b>       | The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.                                |
| ✓ <b>Standards met</b>       | The pharmacy meets all the standards.  |
| <b>Standards not all met</b> | The pharmacy has not met one or more standards.  |